

# South Dakota Medical Assistance Newsletter

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<http://www.state.sd.us/social/medical/index.htm>

February 2003

*Periodically, Medical Assistance will be sending out new News.  
Please take the time to read the News. It will be beneficial to both the Provider and Medical Assistance.*

## Managed Care Program

A few minor changes and enhancements to the Managed Care Program occurred recently. These changes were implemented due to Federal guidelines and to make navigation of the health program easier for both recipients and medical providers.

The program changed the status of children with special health care needs from mandatory to excluded status. These children are now considered non-managed care medical assistance recipients. Non-managed care recipients are not enrolled with a particular Primary Care Provider (PCP). They may access covered services without the need of a referral from a PCP. Providers can verify a recipient's managed care status and other coverage information through the Medical Eligibility Verification System (see article on 'Eligibility Verification') or through the telephone Voice Response system.

Pharmacy is no longer a managed care service. Recipients may access pharmacy services without referrals from their PCP. Pharmacy services will continue to be included in the monthly Paid Claims Reports that are sent to providers. We ask that PCP's continue to monitor the services listed on these reports for compliance and utilization.

On the Office of Medical Services web page ([www.state.sd.us/social/Medical/mcp/index.htm](http://www.state.sd.us/social/Medical/mcp/index.htm)), recipients may view the Recipient Handbook, find a primary care provider from the Primary Care Provider List, and select or change their primary care provider by using the on-line selection and change forms. Providers may also view these items including checking Provider Information on this same web page for the Managed Care Program.

## On-Line Forms

Provider Enrollment forms are now available on Medical Services web page. This includes the application, provider agreement, addendum to the provider agreement (PCP's only), electronic submission agreement, and direct deposit agreement. The forms may be completed on-line, printed, and submitted to Medical Services along with other requested documentation.

## SPECIAL FEATURE....."Administrative Rule"

ARSD 67:16:37:14 Billing Requirements. A school district submitting a claim for covered services under this chapter must submit the claim at its usual and customary charge.

The school district must submit the claim when the service is listed in the child's individual education plan and is covered under this chapter. Services provided to an individual who has been admitted to a hospital as an inpatient, or who is residing in a residential treatment center, a nursing facility, or an intermediate care facility for the mentally retarded are exempt from the provisions of this rule. Claims for these services must be submitted according to the applicable chapters of Article 67:16.

A provider, other than those listed above, may not submit claims for services which the provider knows or should have known are services listed in the child's individual education plan.

## Lead Screening Reminder

As part of the Healthy Kids Klub, the South Dakota Medical Assistance Program reimburses for preventive healthcare services. According to the Centers for Medicare and Medicaid Services (CMS), all Medical Assistance children are considered at risk for lead toxicity and must be screened. Routine lead screenings are recommended at 12 and 24 months of age. In addition, children between the ages of 36 and 72 months of age must receive a lead screening test if they have not been previously screened. The South Dakota Department of Health has the capacity to analyze samples for lead and provide supportive services when an elevated lead level is detected. If you have questions regarding the follow-up of an elevated lead screening please call the South Dakota Department of Health at 605-773-3368 or 1-800-738-2301 (In SD Only).



## **Hospice**

The Office of Medical Services received approval from the Centers for Medicare and Medicaid Services (CMS) for a new hospice benefit. The effective date of the hospice benefit was January 1, 2002.

The Medical Assistance hospice benefit in South Dakota is based on the Medicare Hospice benefit and will follow coverage criteria as specified in the State Medicaid Manual, Section 4305-4308. This criteria is available at the CMS web site. Programming is now complete to allow for the billing of this new benefit.

Hospice election forms must be submitted to Anne Severson, RN. Anne will serve as the main contact person for all Medical Assistance hospice benefits, and may be reached at Medical Services, Kneip Building, 700 Governor's Drive, Pierre, SD 57501-2291 or by telephone at 605-773-3495 or by fax at 605-773-5246.

## **Eligibility Verification**

South Dakota Medical Assistance providers can obtain eligibility and managed care information for recipients via two systems.

The first system is by calling the telephone Voice Response System at 1-800-452-7691. This system is limited to current eligibility. Each call takes approximately one minute to complete. Only enrolled South Dakota Medical Assistance Providers may use this telephone number.

The second system is the Medical Eligibility Verification System (MEVS). This process enables providers to request and receive patient eligibility status via electronic data interchange (EDI). MEVS has three options available; on-line terminal (swipe machine similar to credit card verification), direct access software from a PC, and an internet transaction service. All three of these options provide prompt response times, printable receipts, and can verify eligibility status for previous service dates.

The MEVS system may also be used to access data from other payer sources such as other State's Medical Assistance programs and many private health insurance programs.

Providers may contact WebMD at 1-800-366-5716 for information on MEVS.

### **ATTENTION SOUTH DAKOTA MEDICAID PROVIDERS:**

Please do not give out the South Dakota Medicaid 1-800 number to recipients. This number was established for in-state providers to use when they have questions concerning their claims and/or remittances.

## **Direct Deposit of Medical Assistance Payments**

If you receive an automatic deposit from Medical Assistance, for paid claims, and have changed your bank, changed your account number or closed your account, please notify Medical Services immediately. This information will need to be corrected on the provider file system.

## **Electronic Crossover Claims**

In-state South Dakota Medical Assistance Providers are experiencing trouble with electronic crossover claims not crossing over from Medicare to Medicaid. It has been discovered on our provider file system that many of the Medical Assistance Providers are missing their Medicare number. Also, many providers have more than one Medicare number for billing, especially if they are listed under a Group Medicaid Number. Please contact our office and submit your current Medicare number(s) along with your Medicaid Provider number to Provider Enrollment.

Please keep in mind that any previous claims that went to the by-pass, will have to be re-submitted on a paper claim.

If you have any questions please call the Office of Medical Services at 605-773-3495.

## **Electronic Billing**

South Dakota Medical Assistance has identified an issue related to the use of the correct South Dakota Medical Assistance Provider Number for electronic Part "A" and Part "B" of "A" Medicare crossover claims. To correct this issue the following instruction must be followed: When submitting claims, via the UB92 V6.0 COB format to Medicare Part "A" or Part "B" of "A", you MUST place your seven digit South Dakota Medicaid Provider Number in record type 30, field #24, position 160 (check with your programmers for this location on the paper form). If your seven digit South Dakota Medical Assistance Provider Number is not in this location within the electronic format, South Dakota Medical Assistance will by-pass the electronic crossover claim and you will have to submit a paper Medicare crossover claim.

## **New Crossover Billing Instructions**

Effective May 1, 2002, South Dakota Medical Assistance began using the HCFA 1500 claim form for filing Medicare Part B co-insurance and deductibles. The old departmental form (DSS-MS-133) has been discontinued and is no longer accepted. Please submit all Medicare Part B claims on the HCFA 1500 claim forms.

Effective September 3, 2002, South Dakota Medical Assistance also changed the crossover filing form for Medicare Part A claims. Please be advised that the UB92 claim form is now to be used for filing claims for Medicare Part A co-insurance and/or deductibles. The old forms have been discontinued and will no longer be accepted. Please use the UB92 claim form.

Your claims/billing office should be advised of these changes. New billing instructions are available on the Medical Services web page at [www.state.sd.us/social/medical/provider/BillingManuals.htm](http://www.state.sd.us/social/medical/provider/BillingManuals.htm). If you do not have Internet access and need a copy of these new billing instructions, please call 605-773-3495 and request a copy.